



STATE OF MAINE Bureau of Insurance

DATE RECEIVED

APPLICATION FOR ADJUSTER LICENSE

Payment must be submitted with all applications.

Make all checks payable to: **Treasurer State of Maine**

For Bureau Use Only
LIC#:

Note: Be sure to complete the entire application or it will be returned. Do not leave any fields blank!!!

Resident = \$45 (\$30 license fee & \$15 application fee)

Nonresident * = \$75 (\$60 license fee & \$15 application fee)

***If your home state does not require an adjuster license, then you must show proof of passing a Property & Casualty (or some portion of PC) exam in another state.**

In what state have you taken and passed an adjuster exam and for what type of claims are you authorized to adjust?

Exam State _____ **Authority: _____

** (Authority authorized to adjust) (example: All Lines, PC, WC, etc)

None _____ (If none, you must take the Maine exam)

Are you qualified to adjust Multi-Peril Crop Insurance? Yes No

If so, please provide a copy of your Federal Certification Card (CAPP) or proof of passing the Maine multiple-peril crop adjuster exam, or other proof that you are qualified to adjust MPCl claims.

Are you a Citizen of the United States? (Check One)

Yes No (If No, of which country are you a citizen?) _____
(If No, you must supply proof of eligibility to work in the U.S.)

A. Full Legal Name (please type or print clearly)			B. Social Security Number		
C. Complete Business Name				D. Federal Identification Number	
E. Business Mailing Address (Street where you go to work)		F City		G. State	H. Zip code
I. PO Box		j. City		K. State	L. Zip Code
M. Business Phone Number		N. Business Fax Number		O. Business E-mail Address	
E. Home Mailing Address (Street)			F City		G. State
I. PO Box			j. City		K. State
R. Home Phone Number			S. Date of Birth		T. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

Note: For each application submitted, please include one check for the total amount due. If paying by credit card, please complete the form that is available on our website: www.maine.gov/insurance

Background Information	
The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.	
<p>1. Have you ever been convicted of a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime?</p> <p>“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations or convictions involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses. “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.</p> <p>If you answer yes, you must attach to this application:</p> <p>a) a written statement explaining the circumstances of each incident, b) a copy of the charging document, c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.</p> <p>If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033? N/A _____ Yes _____ No _____</p> <p>If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.) N/A _____ Yes _____ No _____</p>	Yes ___ No___
<p>2. Have you ever been named or involved as a party in an administrative proceeding regarding any professional or occupational license or registration?</p> <p>“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. INCLUDE Any business so named because of your actions, in your capacity as an owner, partner, officer, director, or member or manager of a Limited Liability Company</p> <p>You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.</p> <p>If you answer yes, you must attach to this application:</p> <p>a) a written statement identifying the type of license and explaining the circumstances of each incident, b) a copy of the Notice of Hearing or other document that states the charges and allegations, and c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.</p>	Yes ___ No___
<p>3. Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others</p> <p>If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.</p>	Yes ___ No___
<p>4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?</p> <p>If you answer yes, identify the jurisdiction(s): _____</p>	Yes ___ No___
<p>5. Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitration or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?</p> <p>If you answer yes, you must attach to this application:</p> <p>a) a written statement summarizing the details of each incident, b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, or mediation proceedings, and c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.</p>	Yes ___ No___
<p>6. Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?</p> <p>If you answer yes, you must attach to this application:</p> <p>a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and b) copies of all relevant documents.</p>	Yes ___ No___

<p>7. Do you have a child support obligation in arrearage?</p> <p>If you answer yes,</p> <p>a) by how many months are you in arrearage?</p> <p>b) are you currently subject to and in compliance with any repayment agreement?</p> <p>c) are you the subject of a child support related subpoena/warrant? (If you answered yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.)</p>	<p>Yes ___ No ___</p> <p>_____ Months</p> <p>Yes ___ No ___</p> <p>Yes ___ No ___</p>
--	---

Applicants Certification & Attestation	
<p>The Applicant must read the following very carefully:</p>	
<ol style="list-style-type: none"> 1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties. 2. Where required by law, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself. 3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company. 4. I further certify that, under penalty of perjury, either a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation. 5. I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information. 6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure. 7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state. 	
<p>_____</p> <p>Month Day Year</p>	<p>_____</p> <p>Original Applicant Signature</p>
<p>_____</p> <p>Full Legal Name (Printed or Typed)</p>	

=====

INCOMPLETE APPLICATIONS may be returned **(please type or print clearly)**.

Trade Names: A licensee doing business under any name other than the licensee's legal name is required to notify the Superintendent prior to using the trade name.

Maine Law:

Requires notification to the Superintendent within 30 days of: changes in business address, telephone number, name or other material change in the condition or qualifications set forth in the original application. This requirement includes disciplinary action taken against any insurance license or any criminal conviction other than a traffic violation. Failure to notify the Superintendent within 30 days may result in the automatic levying of a late fee penalty in accordance with Title 24-A MRSA §1419.

Requires all Business Entities (except Sole Proprietorships) to become licensed. If an individual is working for a business entity (agency), and that entity is not already licensed in Maine, then you must submit a Business Entity application with the appropriate fees.

<p><u>RETURN application and fees to:</u></p>	<p>Licensing Bureau of Insurance 34 State House Station Augusta ME 04333-0034 Phone: (207) 624-8441 or (207) 624-8413 Fax #: (207) 624-8599</p>	<p>Physical Location: Gardiner Annex 76 Northern Ave Gardiner ME 04345</p>
--	--	---

E-mail us at: kathryn.j.latulippe@maine.gov or debra.j.ayotte@maine.gov